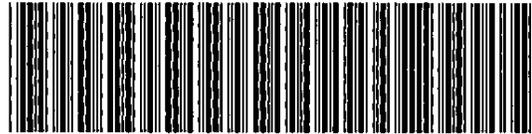


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(Requestor's Name)

(Address)

(Address)

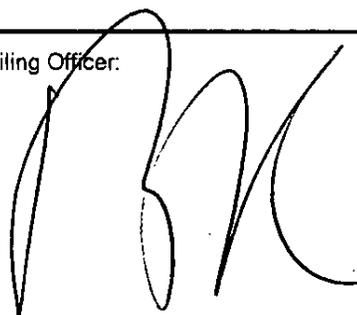
(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

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07 JUN 25 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032  
REFERENCE : 965532 80523A  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 125.00

ORDER DATE : June 25, 2007  
ORDER TIME : 11:13 AM  
ORDER NO. : 965532-045  
CUSTOMER NO: 80523A

DOMESTIC FILING

NAME: SAN JUAN PROFESSIONAL  
ORTHODONTICS, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake - EXT. 2959

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
07 JUN 25 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**  
**FOR**  
**SAN JUAN PROFESSIONAL ORTHODONTICS, LLC**

The undersigned authorized representative hereby executes these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

**ARTICLE I - NAME**

The name of this limited liability company is: SAN JUAN PROFESSIONAL ORTHODONTICS, LLC.

**ARTICLE II - ADDRESS**

The mailing address and the street address of the principal office of the limited liability company are: 14650 Island Drive, Jacksonville, Florida 32250.

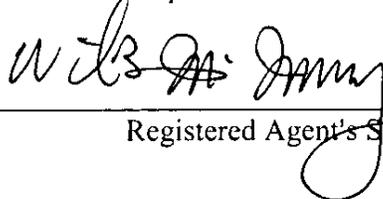
**ARTICLE III - REGISTERED AGENT,**

**REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

William B. McMenamy  
Donahoo, Ball & McMenamy, P.A.  
50 North Laura Street, Suite 2925  
Jacksonville, Florida 32202

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes*



Registered Agent's Signature

**ARTICLE IV - DURATION**

This limited liability company is to exist perpetually.

**ARTICLE V - PURPOSE**

This limited liability company is organized for the purpose of transacting any and all lawful business for which limited liability companies may be organized under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, 1997, as amended.

**ARTICLE VI - MANAGEMENT**

This limited liability company is to be managed by the member and the name and address of the managing member are:

**NAME**

**ADDRESS**

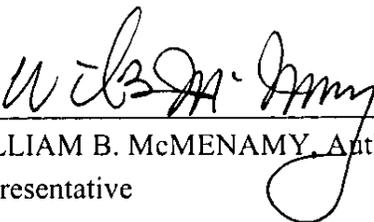
Daniel J. Schellhase

14650 Island Drive  
Jacksonville, Florida 32250

**ARTICLE VII - ADMISSION OF ADDITIONAL MEMBERS**

No person may be admitted as an additional member of this limited liability company unless each member consents in writing to the admission of the additional member.

IN WITNESS WHEREOF, I, the undersigned authorized representative, have hereunto set my hand and seal this 4<sup>th</sup> day of June, 2007, for the purpose of forming this limited liability company under the laws of the State of Florida, and I hereby make and file in the office of the Secretary of the State of Florida, these Articles of Organization and certify that the facts herein stated are true.

  
\_\_\_\_\_  
WILLIAM B. McMENAMY, Authorized  
Representative

STATE OF FLORIDA  
COUNTY OF DUVAL

SUBSCRIBED, SWORN AND ACKNOWLEDGED to before me by WILLIAM B. McMENAMY, who is ( X ) personally known to me or ( ) has produced \_\_\_\_\_ as identification, this 22nd day of June, 2007.

Susan K. Williams  
Notary Public, State of Florida at Large

( SUSAN K. WILLIAMS )  
Print name below signature

My Commission Expires:

My Commission Number:

